United States District Court

for the

Eastern District of New York

MARY MIKODA, individually and on behalf of all others similarly situated,)))		
Plaintiff(s) V.)	Civil Action No.	19-cv-3715 (JS)(GRB)
ISLANDWIDE GASTROENTEROLOGY PC, PHILLIP R.CASSAR, individually and in his official capacity, and any other related persons and/or entities,)))		
Defendant(s))		

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Islandwide Gastroenterology PC Dr. Phillip R. Cassar 1205 Franklin Avenue, Suite 150 Garden City, NY 11530

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: Laura R. Reznick, Esq.

Bell Law Group, PLLC

100 Quentin Roosevelt Blvd., Suite 208

Garden City, NY 11530

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 06/27/2019



DOUGLAS C. PALMER CLERK OF COURT

John Kansllopoulos
Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 19-cv-3715

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was rec	This summons for (n ceived by me on (date)	ame of individual and title, if an						
	☐ I personally serve	ed the summons on the ind	<u> </u>					
			on (date)	; or				
	☐ I left the summons at the individual's residence or usual place of abode with (name)							
	, a person of suitable age and discretion who resides there,							
	on (date), and mailed a copy to the individual's last known address; or							
	\square I served the summons on (name of individual) , who							
	designated by law to accept service of process on behalf of (name of organization)							
	on (date)							
	☐ I returned the sun	summons unexecuted because			; or			
	☐ Other (specify):							
	My fees are \$	for travel and \$	for services, for a total	of \$	0.00			
	I declare under penalty of perjury that this information is true.							
Date:								
			Server's signature					
		Printed name and title						
		_	Server's address					

Additional information regarding attempted service, etc: